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FACSIMILE TRANSMISSION COVER SHEET

Date: July 10, 2009

To: United States Patent and Trademark Office
Examiner: Serrou, Abdelali; Art Unit: 2626

Fax: (571) 273-8300

Re: **Application Serial No.: 10/799,503**
Filing Date: 3/11/2004; First-Named Inventor: Gao
Attorney Docket No.: 0160113

From: Farjami & Farjami LLP

Number of pages including the cover sheet: 21

Message:

Enclosed please find the Amendment and Response to Non-Final Office Action dated May 12, 2009.

Thank you.

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Attorney Docket No.: 0160113

AMENDMENT COVER SHEET

IN RE APPLICATION OF: Yang GaoSERIAL NO.: 10/799,503 FILED: 3/11/2004FOR: Voicing Index Controls for CELP Speech CodingHONORABLE COMMISSIONER FOR PATENTS
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

☒ No additional fee is required.☐ The fee has been calculated as shown below:☐ EXTENSION FEE

	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	130.00	65.00	\$
SECOND MONTH AFTER TIME PERIOD SET	490.00	245.00	\$
THIRD MONTH AFTER TIME PERIOD SET	1,110.00	555.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,730.00	865.00	\$

☐ TOTAL EXTENSION FEE \$ 00.00☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1 Number of Claims after Amendment	Column 2 Number Previously Paid for	Column 3 Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	45	MINUS ** 45	* = 0	x 52	x 26	\$
INDEPENDENT	4	MINUS ** 6	* = 0	x 220	x 110	\$
First presentation of multiple dependent claim				+ 390	+ 195	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

- * If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.
 ** If the number of Total Claims previously paid for is less than 20, write "20" in this space.
 *** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

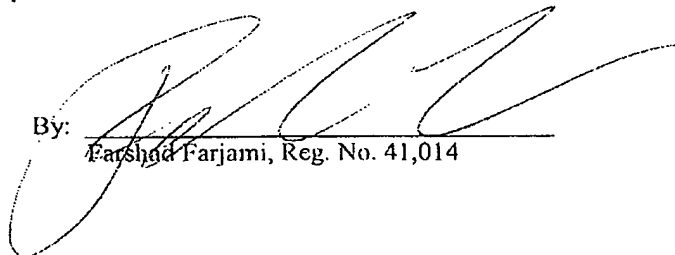
Attorney Docket No.: 0160113

- ☐ Total fee for Supplemental Information Disclosure Statement \$
- ☐ Enclosed is the total fee of \$ 00.00 (Payment by Credit Card, Form PTO-2038 Enclosed).
- ☐ Please charge Deposit Account No. 50-1867 in the amount of \$
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-1867.

Date:

7/10/09

By:



Farshad Farjami, Reg. No. 41,014

CERTIFICATE OF FACSIMILE TRANSMISSION

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CERTIFICATE OF MAILING

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